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COVER LETTER

Division of Corp	orations		
REAL ASSE	ET RENTALS LLC		
Sonject.	Name of Limi	ted Liability Company	
The enclosed Articles of A	Amendment and fee(s) are subn	nitted for filing.	
Please return all correspon	dence concerning this matter t	to the following:	
	MARK WARDA		
		Name of Person	
	LAND TRUST SERVICE	CORPORATION	
		Firm/Company	
	PO BOX 186		
		Address	
	LAKE WALES, FL 33859		SECRETARY SECRETARY
	WWARNOCK2000@YAHO	City/State and Zip Code OO.COM	2 O D
	E-mail address: (to	o be used for future annual report notification	
For further information co	ncerning this matter, please ca	H:	
MARK WARDA		863 678-0011	
Name of	Person	at ()	phone Number
Enclosed is a check for the	e following amount:		
\$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	□ \$60.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

MAILING ADDRESS:

TO:

Registration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO ARTICLES OF ORGANIZATION OF

REAL ASSET RENTALS LLC (Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company) and assigned Florida document number L16000067143 This amendment is submitted to amend the following: A. If amending name, enter the new name of the limited liability company here: The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C." Enter new principal offices address, if applicable: (Principal office address MUST BE A STREET ADDRESS) Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE BOX) w B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here: L.T.S.C., LLC Name of New Registered Agent: 28 W PARK AVENUE New Registered Office Address: Enter Florida street address

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

LAKE WALES

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR	REAL ASSET TRUST	PO BOX 91503	■ Add
		LAKELAND, FL 33804	
			□ Remove
			Change
OWNER W	WARNOCK, WARREN	PO BOX 91503	□ Add
		LAKELAND, FL 33804	
			■ Remove
			Change
			□ Add
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			Change Change ALLIAHAS SECOND AND ADDRESS OF TARRY
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fan effective date, if other than the date of filing: fan effective date is listed, the date must be specific and cannot be prior to date of Note: If the date inserted in this block does not meet the applicable statu document's effective date on the Department of State's records.	filing or more than 90 days after	ional) er filing. is date	Pursuant	t to 605.02 be listed	:0 a:
ne record specifies a delayed effective date, but not an eff The 90th day after the record is filed.	ective time, at 12:01	a.m. (on the	earlier	O
Dated FEBRUARY 28th, 2017					
Signature of a member or authorized repr	esentative of a member				
WARREN WARNOCK					
The state of the s	`signee				

Page 3 of 3

Filing Fee: \$25.00